



FAIRFAX COUNTY FIRE AND RESCUE DEPARTMENT APPLICANT INITIAL SCREENING GUIDE



NAME: _____ SSN: _____
(Last, First, MI)

ADDRESS: _____
(Street, City, State, Zip Code)

TELEPHONE NUMBERS: (H) _____ (W) _____
(C) _____ (P) _____

E-MAIL ADDRESS: _____

DRIVERS LICENSE # _____ STATE: _____ DOB: _____

HOW DID YOU HEAR ABOUT THIS AGENCY? _____

The purpose of this screening guide is to determine if you meet the minimum standards established by our Department. You must be truthful while filling this out. Any false, misleading or incomplete may disqualify you from further consideration.

1. Are you eligible to work in the United States? NO ☐ YES ☐
2. Do you have a High School Diploma or G.E.D? NO ☐ YES ☐

Note: If you answered “NO” to either of the **above** questions, please see a recruiting officer prior to taking the written exam.

3. Do you speak or write in a language other than English? NO ☐ YES ☐
If yes, what language: _____
4. Are you currently a National Register EMT-P or I, or Virginia State Certified EMT-P, EMT-C, or EMT-I? NO ☐ YES ☐
If yes, provide the level of certification and the expiration date: _____
5. Do you have fire and rescue experience? (Check one) Volunteer ____ Career ____ NO ☐ YES ☐
If yes, explain: _____
Name of department: _____
6. Have you “ever” been licensed to drive in another state or country? NO ☐ YES ☐
If yes, where: _____

7. Have you **“ever”** applied with our department before? NO ☐ YES ☐
 If yes, when: _____

8. Have you had any traffic summons/tickets/charges in the last 12 months?
 (Include moving violations, accidents, traffic charges, omit parking tickets). NO ☐ YES ☐
 If yes, how many and when: _____

9. Has your driver’s license **“ever”** been suspended or revoked? NO ☐ YES ☐
 If yes, provide date(s): _____

10. Have you **“ever”** been convicted of any of the following?

Reckless Driving	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Date(s): _____
Improper Driving	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Date(s): _____
Driving Under the Influence	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Date(s): _____

11. Have you **“ever”** been convicted of any criminal offenses as a **juvenile** or an **adult**? NO ☐ YES ☐
 If yes, explain: _____

12. Do you have any pending misdemeanors or felony charges against you at this time? NO ☐ YES ☐
 If yes, explain: _____

13. Have you **“ever”** sold or distributed any prescription drugs? NO ☐ YES ☐

14. Have you at any time in the past used, possessed or sold any of the following illegal drugs? NO ☐ YES ☐

	USED	POSSESSED	SOLD	LAST TIME (month/year)
Marijuana/Hashish	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Cocaine/Crack	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Hallucinogen (LSD,PCP,Mushrooms)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Amphetamines/Barbiturates (Speed, Crystal, Meth)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Anabolic Steroids	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Inhalants (Whippits, Glue, Aerosols)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Synthetic/Designer/Club Drugs (Ecstasy, Ice Fantasy, Roofies,Rohypnol,GHB,GBH)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Opiates (Heroin, Opium)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

COMMENTS:

ALL THE INFORMATION IN THIS STATEMENT WILL BE INVESTIGATED, AND ANY INACCURATE, UNTRUTHFUL, OR MISLEADING ANSWERS WILL BE CAUSE FOR DISQUALIFICATION.

YOUR SIGNATURE BELOW ACKNOWLEDGES THAT YOU UNDERSTAND THE ABOVE STATEMENT AND THAT THE INFORMATION YOU PROVIDED IS ACCURATE AND COMPLETE TO THE BEST OF YOUR KNOWLEDGE.

I certify that all of the statements made in this application to be true to the best of my knowledge. I further understand that any false, incomplete, or misleading statements may be grounds for not employing me or dismissing me after I have begun to work. Please put your initials if true if you email this form or sign the signature line if you print it out.

APPLICANT'S SIGNATURE:

DATE: _____
